

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

appropriate. All further corr indicated unless corrected b	espondence including the I elow or directed otherwise	Patent, advance or	ders and no	PUBLICATION FEE (if require tification of maintenance fees a new correspondence address	will be mailed to the currer	nt correspondence address as
	E ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal. To papers. Each addition	his certificate cannot be used al paper, such as an assignr	for domestic mailings of the d for any other accompanying ment or formal drawing, must
26389 75				have its own certificat	te of mailing or transmission	i.
·	O'CONNOR, JOHN	SON PIND	NESS,	Ce	rtificate of Mailing or Training Faces Transmitted is being	nsmission
PLLC		/O11 C	<i>_</i>	States Postal Service	with sufficient postage for f	first class mail in an envelope
1420 FIFTH AVEN	IUE /		ROA3	addressed to the Ma	il Stop ISSUE FEE addres	ing deposited with the United first class mail in an envelope ss above, or being facsimile date indicated below.
SUITE 2800	101 2247	0 7 000	(B)	Carol J.		(Depositor's name)
SEATTLE, WA 98 /08/2005 WABDELR3 000000	101-234/	NOV 0 7 700	(پر د	001010.	-1 1 1	
	13 10/23843 /3	<i>d</i>	Æ/	November	Valler 5	(Signature)
FC:2501 FC:1504	700.00 pp	THE THE DENIE	9/	November	4 , 2003	(Date)
APPLICATION NO.	FILING DATE OF	FIRST NAME		ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,845	23,845 11/26/2003		Neal Lockett		NLOC118787	9689
TITLE OF INVENTION: DU						
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	11/23/2005
EXAM	EXAMINER		IT <u></u>	CLASS-SUBCLASS	J	
RICHTER, SHELDON J		3748	•	123-202000		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	T (print or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NOT	data will ap l a substitute	pear on the patent. If an assigner of filing an assignment.	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGNE	EE	(В) RESIDEN	CE: (CITY and STATE OR CO	OUNTRY)	
Please check the appropriate	, , , , , , , , , , , , , , , , , , , 	ries (will not be pri	inted on the	patent): Individual 🗖 C	Corporation or other private g	group entity Government
			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Check No. 167019			
Issue Fee			= : • • • • • • • • • • • • • • • • • •			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1/40 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above MALL ENTITY status. See 3) ·		cant is no longer claiming SMA		
			ion Fee (if a l from anyor Office.	ny) or to re-apply any previous the other than the applicant; a reg	ly paid issue fee to the appli gistered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature				Date	11/4/05	
Typed or printed name James R. Uhlir				_ Registration	_{1 No.} 25,096	
This collection of information an application. Confidentialit submitting the completed app	n is required by 37 CFR 1.3 y is governed by 35 U.S.C. plication form to the USPTO	11. The information 122 and 37 CFR 1 D. Time will vary	n is required 1.14. This co depending u	to obtain or retain a benefit by ollection is estimated to take 12 apon the individual case. Any control of the	the public which is to file (a minutes to complete, includ omments on the amount of	and by the USPTO to process) ling gathering, preparing, and time you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.